



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9206835	Contractual Allowance	\$30192866
Outpatient Patient Service Revenue	\$48763136	Other Deductions	\$4548004
Total Gross Patient Service Revenue	\$57969971	Total Deductions	\$34740870

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$23229101
Other Operating Revenue	\$275170
Total Operating Revenue	\$23504271

4. Operating Expenses

Salaries and Wages	\$7161400	Employee Benefits	\$2029455
Depreciation and Amortization	\$604389	Interest Expense	\$299982
Bad Debt	\$1945959	Other Expenses	\$9360672
Total Operating Expenses	\$21401857		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2102414	Total Assets	\$42761352
Net Non-operating Gains over Loss	\$-448660	Total Liabilities	\$13389314
Total Net Gains	\$1653754		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25188503	\$15955883	\$9232620
Medicaid	\$9826520	\$7800891	\$2025629
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22954948	\$6436092	\$16518856
Total	\$57969971	\$30192866	\$27777105

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$41336	\$15950	\$25386

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	890
Number of Citizens Exposed to Health Education Messages	566

Statement Six: Charity Statement

Hospital Charity Charges	\$4548004
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$1486083	
HCI Payments	\$0		
Subtotal	\$0	\$1486083	\$-1486083
Medicaid Shortfalls	\$0	\$1593369	
Subtotal	\$0	\$3079452	\$-3079452
DSH Payments	\$0		
Subtotal	\$0	\$3079452	\$-3079452
Medicare Shortfalls	\$0	\$-82305	
Other Government Programs	\$0	\$0	
Total	\$0	\$2997147	\$-2997147

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$116456	\$-116456
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0